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ACTA PÆDIATRICA NURTURING THE CHILD WILEY

LETTER

Reporting suspicions of long COVID in children is justified during this global emergency

I would like to thank Peny and Valind[1] for raising a number of issues with regard to my recent paper in *Acta Paediatrica*, which was based on parental reports of what appeared to be long COVID in Sweden.[2] The parents approached a number of medical professionals, including me, following discussions on social media about how their children were experiencing worrying ongoing symptoms during the current COVID-19 pandemic.

It is important to point out that the case reports were not validated against medical charts, because few of the children had been extensively examined by physicians. In addition, I did not personally examine the children, as they lived in different parts of Sweden.

Since the publication of my paper, I have been contacted by the parents of another 35 Swedish children with similar long-term symptoms. These include children with positive polymerase chain reaction results for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes COVID-19, as well as antibodies against the virus. Some of the other children fell sick after returning from skiing vacations in the Alps during early spring 2020 and were accompanied by family members who tested positive for COVID-19 when they arrived back in Sweden. Other children, with no history of travelling abroad, had fever, lack of smell and taste and their parents tested positive for COVID-19. I should mention that testing was limited in Sweden at the start of the pandemic and it was not common to test children at that stage.

I agree with Peny and Valind[1] that we, as physicians and researchers, have an obligation to carry out high-quality research and that my case report and systematic review could have benefited from more validation. However, the COVID-19 pandemic is an unprecedented global health emergency and time is of the essence. It is one of those occasions where even single potential early adverse events need to be reported quickly, due to the important implications for both children and society. This was also the case with the perhaps first report of multisystem inflammatory syndrome in children,[3] where no child tested positive for the virus at admission and only 2/8 children was positive for SARS-CoV-2 after discharge. The initial reports helped to build up a wider global picture, as clinicians in more countries reported suspected cases. I believe, this approach also applies to the five children with suspected long COVID in my case report.[2]

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